

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 30 September 2015 at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Dr John McAnaw (Chairman)	Dr Ailsa Power
Mr Jonathan Burton (Vice-Chairman)	Mrs Andrea Smith
Mr Ewan Black	Mr David Thomson
Dr Anne Boyter	Miss Elaine Thomson
Prof John Cromarty	

In attendance

Alex MacKinnon (Director for Scotland), Elspeth Bridges (Membership Development Manager), Aileen Bryson (Scottish Practice & Policy Lead), Susanne Cameron-Nielsen (Head of External Relations), Claire Carlyle (Business Support Assistant), Annamarie McGregor (Professional Support Pharmacist), Carolyn Rattray (Business Manager), Beth Robertson (PA / PR Intern), Deborah Stafford (Educational Development Pharmacist), Dr Rachel Joynes (Head of Research) and Nicola King (observer).

15/61. Welcome and Apologies

Jonathan Burton, as Vice-Chair and in the Chair's absence, commenced the meeting, explaining that the Chair was held up due to traffic problems but was expected within 30 minutes. JB then handed over to Alex MacKinnon (AMacK), Director for Scotland, who welcomed everyone to the meeting and, in particular, Nicola King who was attending as an observer in her capacity as a consultant looking at the organisation's governance. Nicola explained that she had been contracted to look at the governance arrangements of the RPS and, as part of this, she is attending National Pharmacy Board meetings as well as the November Assembly meetings and meetings of the Executive Team. A survey has been conducted and is now being analysed and there will also be one-to-one meetings. Her report with recommendations will be completed in December.

AMacK also welcomed Dr Rachel Joynes, RPS Head of Research, to the meeting. RJ will give an update on Research Ready and also the Professional Development & Support (PDS).

Apologies were received from Alan Glauch, Kim Munro, Helen Gordon (RPS Chief Executive), Ashok Soni (RPS President), Dr Catherine Duggan (Director of Professional Development & Support) and Patrick Stubbs (Director of Marketing and Membership (M & M)).

David Thomson (DT) was congratulated as the recipient of the 2015 Charter Gold Medal of the Royal Pharmaceutical Society.

15/62. Declarations of Interest

Board members were reminded to declare any specific interests prior to discussion of agenda items.

BMs were asked to advise Carolyn Rattray (CR), Business Manager, of any amendments required to their declarations of interest.

Anne Boyter (ACB) is now Chair of the RPS Membership Committee.

Elaine Thomson (ET), Ailsa Power (AP), JB, DT, ACB and Andrea Smith (AS) are National Pharmacy Awards Judges.

John Cromarty (JC) also gave amendments in writing

Action: CR to update declarations of interest and circulate in the SPB weekly update.

15/63. Confirmation of Board Meeting Minutes (Elections) - 16 June 2015

Scottish Pharmacy Board

approved

the minutes of the public business part of the Board Meeting held on Tuesday 16 June 2015.

15/64. Matters Arising

There were no matters arising.

15/65. Confirmation of Board Meeting Minutes

Scottish Pharmacy Board

approved

the minutes of the public business part of the Board Meeting held on Wednesday 17 June 2015.

15/66. Matters Arising

P.3. Pharmacist Support (PS): There have been a number of discussions with PS at conferences around the promotion of the PS online services; AMacK is currently waiting to hear back from PS. Once PS has responded, AMacK will update BMs.

DT noted that in 2016, the predecessor to PS, the Benevolent Fund (and also the Society) will be 175 years old. A '175 Appeal' has been established to highlight the work of PS and to attract income. BMs were asked to promote this appeal within their networks.

Annamarie McGregor (AMcG) noted that PS has been promoted at recent Local Practice Forum (LPF) events and that this would continue. ACB noted that PS is promoted within all the Schools of Pharmacy (SoPs) throughout the UK as a means of support.

Action: BMs to promote PS's '175 Appeal' to their networks and at any events they attend.

P.6. Prescription for Excellence (PFE):

As a result of the 'refresh' of PFE, many of the stakeholder groups are being merged (have gone from 17 down to 6 groups); it was agreed that it would be best to wait until the 'refresh' is complete before considering key stakeholders.

Action: Once the PFE 'refresh' has been completed and the working groups finalised, JMcA to circulate list of key stakeholders for further consideration.

Matters Arising item on P.7 – Managed Repeats has been transferred to Confidential Business.

P.10. Research Ready: It was agreed that Professor Christine Bond should be invited to the Scottish Pharmacy Board meeting on 20 January 2016.

Action: CR to invite Professor Bond to the SPB Board meeting on 20 January 2015.

P.14. Directors of Pharmacy Update (DoPs): It was agreed that the RPS representatives on the RPS / DoPs working group should be: the Chair, Vice-Chair, Director for Scotland and one other BM depending on the agenda and relevant expertise (All BMs to make up a 'pool'). It is hoped to have a meeting with the DoPs in November.

Action: SCN to circulate a doodle poll of dates for a meeting with the DoPs in November.

P.15. Key messages – Pharmaceutical Journal: AMacK advised BMs that he and the Chair would meet with Helen Gordon, Alina Lourie (Managing Director, Pharmaceutical Press (PhP)), and Arash Hejazi (PJ Publisher) the day before the Assembly to discuss issues around the 'Journal' and its lack of reporting of member activities in Scotland. JC suggested that Martin Astbury, as the Assembly representative from the PhP Board, should also be invited.

Action: AMacK to invite Martin Astbury to the meeting on 9 November.

P.15. Date of next meeting: Proposed date for a strategy day of Tuesday 3 November. BMs were asked to indicate if not able to attend on that date. As only one BM (AS) indicated that unable to attend, the date, Tuesday 3 November 2015, was confirmed.

- 15/67. RPS Governance Handbook (Latest revision)**
(Item: 15.06/SPB/06) BMs were directed towards the amendments shown in item: 15.06/SPB/06-app1.

JC questioned the difference in election processes between the three national pharmacy boards, i.e. the English Pharmacy Board, where the Chair is not allowed to nominate or propose a vice-chair but has 'the casting vote in the event of an equality of votes'. AMack agreed that this would be fed back.

The Scottish Pharmacy Board

noted

the Governance Handbook 2015-2016 as approved and adopted by the Assembly at their meeting on 22 July 2015.

Action: CR to notify the Business and Governance Manager of the comments as noted above. The Business and Governance Manager will be in post from Monday 5 October 2015.

15/68. Prescription for Excellence (Pfe)

The Chair provided an update to BMs. The Chief Pharmaceutical Officer (CPO) has intimated that, even though a 're-fresh' of *Pfe* is taking place, 'the direction of travel will still stand'. Two workshops have taken place; these have focussed on articulating the 'Vision' in a 'public friendly' way that would work across different professions. It is thought that any new Steering Board will be multi-disciplinary with a broad ranging perspective. The next meeting takes place on 11 November 2015. JC sought clarification as to whether he would still be a member of the Steering Board; AMack noted that JC was invited as Chair of the SPB and so assumed that the current Chair of the SPB would take over membership of the *Pfe* Steering Board; AMack to seek clarification around membership of the Steering Board with the CPO's office. AMack noted that the 're-fresh' will serve to strengthen the vision.

Action: AMack to seek clarification from the CPO's office as to SPB membership of the *Pfe* Steering Board.

15/69. Research Ready

Dr Rachel Joynes (RJ) (Head of Research) advised BMS currently there are 180 'Research Ready' (*RR*) pharmacies across the UK, two of which are in Scotland. The primary objective of the scheme is to enable the facilitation of research through community pharmacy; individual pharmacies are accredited and each pharmacy has a nominated Lead. The secondary objective is around professional development; this is embedded within the programme. Better messaging is required around the difference between being an *RR* Lead, i.e. 'the site', where clinical trials and health service research can be conducted and working in a pharmacy that is *RR* and ensuring that the individual has the competencies to deliver research but also knowing where to go for resources. *RR* has now been running for 2½ years and with each *RR* pharmacy being accredited for a period of three years, October 2016 will see a number of pharmacies seeking reaccreditation. The team is about to commence an evaluation of the *RR* initiative. RJ is looking to engage better in Scotland and attract more pharmacies to be *RR*. BMs were asked for advice on how to better engage with community pharmacies in Scotland and the messages required to achieve this. RJ confirmed that *RR* is open to non-members.

AP asked if an engagement pack is available that could be given to pre-registration graduates (pre-reg); BMs agreed that there is a lack of awareness around *RR* in Scotland. It was noted that the SoPs and National Health Education for Scotland (NES) are involved in a national research project with all the pre-regs; the graduates are data collecting in community pharmacies and it was felt that having a physical engagement pack (rather than an online pack), which could be shared with tutors, would be helpful and would help to raise awareness. JB suggested that the Scottish LPFs could also be used to promote *RR*. It was noted that one of the CPO's priorities is to look at professionalism and research. AS asked if consideration has been given to linking up with the big multiples. RJ confirmed that this is being considered, and that initial discussions with Walgreen Boots Alliance have taken place. JC suggested that there needs to be a 'multi-pronged engagement approach', i.e. company engagement and also individual engagement. *Research Ready* was established by the Royal College of General Practitioners (RCGP) and RPS holds an informal restricted license with a focus on primary care. RJ has been in discussions with RCGP to consider options going forward. As a leadership body, the RPS would have a much more fruitful role in linking the Faculty and Foundation and aligning its resources with *RR*; RJ will be looking at this early in 2016.

The Chair summarised the discussions, picking out key points: a lack of awareness of *RR*, 'spreading the word', having a physical engagement pack which can be taken out to community pharmacies, RPS support available to individuals; considering where the SoPs, which are active in research, can 'dove-tail' with *RR*.

RJ confirmed that *RR* is a self-certification initiative with self-crediting. RPS does not carry out inspections and there is no formal accreditation process. ACB suggested that there are many pharmacies who would sign up to *RR*; that are already involved in under-graduate projects, but aren't aware of *RR*.

AMcG noted that evaluations from the National Seminar workshop: 'Embedding research into practice', have shown that there is an appetite for research and that this 'is a gap that RPS can fill'. AMcG asked BMs if, early in 2016, it might be possible to host an event where the RPSiS brings together the SoPs and other like-minded organisations to consider how to support our members to be involved in, and progress, *RR*.

RJ confirmed that the profile of *RR* pharmacies is small chains and that there is no particular link to uptake of the Faculty.

AP suggested that the two *RR* pharmacies in Scotland should be 'bench-marked'; they could become *RR* champions.

DS suggested that as *RR* is open to non-members, it could be linked into the NES pre-reg programme and would 'capture' a lot of community pharmacies, bringing added benefit and linking into the Faculty.

RJ confirmed that the RCGP levy a charge of £50 per year per pharmacy for non-members, i.e. £150 per pharmacy for three years' accreditation. For this fee, non-members have limited access to resources whereas there is no fee for Members and full access to resources.

In 2016, it is hoped that RR will be rolled out include hospital pharmacy. AMcG suggested that RJ link up with Elaine Thomson re: primary care. ACB asked if a pharmacist who is RR and working in a GP practice would be registered to the GP practice (being 'the site'); RJ confirmed that this is one of the aspects currently being considered.

The Chair thanked RJ for her update; RJ will follow up the discussions with individual BMs.

15/70. Public Affairs

Susanne Cameron-Nielsen (SCN) confirmed that public affairs can be defined as engagement on a broad basis; it is used to influence public policy, build and maintain an organisation's strong reputation and find common ground with all its stakeholders, not only politicians. BMs were reminded of the Society's ambition and mission: *To advance the profession of pharmacy for public and patient benefit*. This fits into the definition of having wider engagement to increase understanding of the role of pharmacists both now and in the future.

SCN's presentation highlighted the current political situation: the RPSiS has general support from across all the main parties (Ipsos Mori). The Scottish Parliamentary elections take place on 5 May 2016 and the Ipsos Mori data has shown that, before an election, support dips and extra work is required to engage with politicians. It has been confirmed that at least 24 MSPs will be standing down at the next election; this could be perceived as both an opportunity and a threat and which will depend on the Society in Scotland's public affairs (PA) strategy up until the election takes place. It is crucial that the PA strategy takes into account the wishes of Members. It is clear from this year's Annual Members' Survey that Members are keen for the Society to engage with the NHS, with Scottish Government (SG), the public, patients and other health care professionals (HCPs).

The RPSiS has now moved from Ipsos Mori to another agency which looks more widely at MSP priorities and preferences; it is important to remember that most MSPs are backbenchers and will be most interested in their local constituencies. The survey found that 64% of MSPs have either a personal or professional interest in public health, meaning that, generally, there is 'an open door' for pharmacy. It is important for the Society, when trying influence public policy and politicians, to understand priorities and how opinions are formed.

The presentation also considered a GPhC survey of the public (January 2015) which found that there is a mistaken perception that pharmacists 'just' supply medicines and that there is a lack of awareness of the current and future roles of pharmacists. The poll found that respondents generally trust ('a great deal' and 'a fair amount') pharmacists on an equal basis to other professions but that the proportion who trust advice from pharmacists 'a great deal' is significantly lower than other professions and 12% say they do not trust their health advice at all. 62% of those polled said that they would seek the advice about medicines from their GPs, whilst only 40% would consult their pharmacist about medicines. It was found that this was because of a lack of awareness and also out of habit. A KPI would be to reverse these figures from GPs to pharmacists.

Suggested key messages that were discussed:

- Demonstrate that pharmacists are the experts in medicines and that patients taking medicines are receiving the standard and level of care they need through pharmaceutical care services.
- The NHS is benefitting from pharmacists' expert knowledge of medicines and how they work and interact by making more effective use of NHS finite resources.
- Patients will be able to make better and safer use of their medicines if pharmacists have access to their health record to deliver care centred on the individual and their circumstances.
- Other healthcare professionals involved in the individual's care know what medicines they are taking by accessing crucial medicines information in their health record which would be added by the pharmacist.
- Pharmacists are reducing inappropriate prescribing and medicines waste for the benefit of patients, the public and the NHS.

Three strands to the PA strategy for the rest of 2015 and 2016:

1. An awareness raising campaign to increase the level of understanding of the pharmacist's current and future role. Although this will focus on MSPs and parliamentary candidates, the Public and patient involvement work stream, led by ABr, will support the campaign.
2. Focus on services for patients; this will be through the Manifesto.
3. Access to Records Campaign – an enabler.

Recommendations:

- Re-start national engagement programme - MSP meetings, influencing dinners, national hustings, parliamentary reception/exhibition etc. More SPB involvement – less focus on party conferences.
- Scope local influencing dinners – community health hubs pilot areas, IT pilot areas, innovative services etc.
- Develop localised constituency briefings for MSPs/Candidates (and have key national briefings developed in time for new Parliament 2016).
- Develop programme of pharmacy visits with key MSPs/Candidates.
- Increase member/LPF involvement locally.
- Target local media and increase visual content on social media.

Questions:

The Chair asked what would be the most effective way for BMs to engage directly with organisations SCN confirmed that one-to-one engagement and influencing dinners would be the most effective means of engagement, starting with pharmacy organisations and then extending engagement to other types of organisations. Localised constituency briefings are also important.

AMacK noted that attendance at party conferences is very expensive, i.e. £1000 for 2 people to attend as observers. The Scottish Parliament is very accessible and it is relatively easy to set up meetings with MSPs. Meetings where high level messages are being delivered need to be followed up with pharmacy visits. SCN urged BMs to think about other sectors when considering pharmacy visits.

JB asked about building good will with parliamentary candidates, suggesting that if their support can be gained when they are not in a position of power, it will help the Society and its Members when they are elected. SCN confirmed that

this is the strategy, noting that the new agency, being used to conduct annual MSP surveys, has been tasked with providing candidate information to support this engagement. JB suggested that some of the LPFs, using topics covered at the National Seminar, could be 'mobilised' to engage with candidates. AS offered to host visits to pharmacies, including visits to pharmacists working with GP practices, 'covering the breadth of primary care'. JC suggested that, to engage MSPs, it is crucial to demonstrate what pharmacists do for individual patients (their constituents) and their (the patient's) pharmaceutical care journey. SCN confirmed that this is the intention.

The Scottish Pharmacy Board

approved

the public affairs approach for 2015 and 2016.

15/71. RPS Conference

Dr Anne Boyter (ACB) noted that the RPS Conference steering group is starting to plan the 2016 RPS Conference. BMs were asked for feedback from the 2015 Conference; they were also asked for suggestions for topics for the 2016 event.

- *JC's question is noted in confidential business*.
- DT suggested that the content was very anglo-centric; ACB noted that in 2014 Scotland featured prominently and so 2015 looked to re-balance this.
- EB felt that there were too many plenary sessions 'to the detriment of workshop sessions'.

Action: Feedback to ACB by close of business on Friday 2 October 2015.

15/72. RPS in Scotland National Seminar

The Chair noted that the Seminar was a 'roaring success'; it was well attended with a lot of energy around the sessions. 'It was a quality programme, with quality speakers and quality workshops'. The Chair recognised the amount of work that the team had put in to stage such an event, but concluded by saying that he 'would love to do it again'. BMs were asked for their comments.

EB noted that his comment was 'congratulatory'; he 'found the event to be uplifting, inspirational and gratifying to see such an upbeat, engaged and engaging audience'.

AP commented that, coming from an organisation that puts on events, she was 'stunned' by the number of people attending.

AMaCK: it had been an enormous workload for the team which is only now catching up on the other work streams. The Seminar had more than fulfilled the team's aspirations. It was confirmed that, in 2016, the intention is to organise a one-day conference, on a smaller scale than the National Seminar, in partnership with NES around the 'Transfer of Care', a topic that would be multi-sectoral. JC asked that such an event should not be about the transfer of care, but 'Continuum of Care' to align with *PfE*; the aim being for one pharmacist to be responsible for the entire pharmaceutical care journey of a patient. This approach was endorsed by the meeting.

AS endorsed the intention to hold a joint event with NES 'around the interface of care', particularly in light of various ongoing national initiatives, e.g. 'Hospital at Home' and 'Care at Home'; it is crucial to consider integrated care.

BMs were asked to support the intention to plan another National Seminar in 2017 for which sponsorship would be sought. RJ suggested that there could be a research component and that this could provide opportunities for support and sponsorship from such organisations as Pharmacy Research UK. AMacK noted that, personally, he wanted to thank JB for his contribution as well as the team and also all the BMs who attended and supported the event.

Action: BMs to provide CR with any further feedback on the National Seminar and any suggestions for the joint event with NES.

15/73. **SPB Business Plan (BP) - Quarter 3 (Q3)**

Alex MacKinnon (AMacK), Director for Scotland, provided an update on activities supporting the SPB Business in Q3.

Highlights:

- Events: Two very successful conferences have been delivered, supporting the initial NES conference: the RPS NES Joint Conference on 26 May and the RPSiS National Seminar on the weekend of 21/22 August. The RPS NES joint event set the scene and re-energised delegates around *PfE*.
- Partnership working: the RPSiS has a strong developing partnership with Health Improvement Scotland (HIS) around the quality and safety agenda. A three way partnership has been formed between HIS, RPSiS and the Alliance, focusing on the patient angle. A working partnership with the DoPs group has been established which is proving mutually beneficial.

Workstreams to be carried forward:

- Hospital Seminar: A hospital seminar had been included in the 2015 BP but this had not been possible due to lack of resource. It is proposed that this event will now take place in 2016 and will be cross-sectoral.
- Joint working with the Royal College of General Practitioners in Scotland (RCGPiS): AMacK reported that this partnership had not been progressed as hoped for a number of reasons, however, it is hoped that a meeting between the two Chairs will take place in Q4 of 2015.

It was noted that RCGP had 'tweeted' its support for the *Access to Health Records Campaign* which had been launched that morning (30 September). AMacK advised BMs that both the CPO and Shona Robison MSP, Minister for Health & Well-being, are fully aware of the campaign.

Membership: AMacK reported that membership figures were positive with a 94% retention rate against a target of 92%. Recruitment is currently at 51% against a target of 55% of the practising Register but this should increase to 54% on 1 October with the intake of new pharmacists – 'a new generation of pharmacists'. AMacK agreed to remove the KPI regarding recruitment (Item: 15.09/SPB/12-app1). AMacK agreed to delete this and assured BMs that it would not appear in the 2016 BP.

AP noted that a campaign, to educate the public around Out of Hours (OOH) and to raise awareness of the role pharmacists, is crucial. It was suggested that it might be propitious for NHS Inform and the RPSiS could work jointly on such an initiative.

ACB asked about the ambition to deliver an event with CPS. AMaCK confirmed that the CPO is forming an SG Leadership Group involving RPS, CPS and HIS; this group will take forward the 'Just Culture' ethos, professionalism, error reporting and the re-vamped 'Yellow Card' system, as a series of roadshows around the country. Each organisation will contribute an element. RPSiS has been asked to lead this initiative. ACB offered Strathclyde as a venue for one of the events for a nominal fee.

P.7: The Chair asked about the key objective to establish a Mentoring and Leadership SPB working group, particularly the mentoring aspect. AMaCK updated BMs on the Leadership Group which was set up and taken to the National Seminar; it requires further tweaking and will then be disseminated to the Scottish LPFs in 2016. AMaCK explained that the KPI around mentoring needs to be addressed; a plan for progression of mentoring is required and it was suggested that this should be considered at a Strategy Day. The ambition for all pharmacists to be either a mentor or mentee remains a priority. Item, for a strategy day. ACB suggested working with the SoPs and with NES, using the under-graduates and pre-reg's as mentees with experienced pharmacists mentoring them. The students are going out on experiential learning and so it would be a natural progression. There is a mentee / mentor list; this may require updating. AMaCK to source current Mentee / Mentor List.

DS noted that there are RPS tools and resources around mentoring systems; she also suggested that the Faculty should be considered as it would fit with the educational and training cluster competencies.

The Chair asked for an update on the issues around telephony and video conferencing (VC) (P.12). AMaCK confirmed that Outlook is working as is the VC, however, there are issues with the Lync telephony system, i.e. the phone rings for a long time before there is a connection and the call quality is poor. DT confirmed that these issues were considered at a recent Relocation Board meeting and this ongoing issue is being addressed. JMCA asked for permission from the Board to write to Centre to voice concerns.

JC noted that the presentation of the BP has changed over time and suggested that a simpler structure should be adopted; a summary version that is more operational. AMaCK acknowledged JC's points and assured BMs that the 2016 BP would be simpler in its structure.

Action: AMaCK agreed to remove the KPI regarding recruitment (Item: 15.09/SPB/12-app1).

Action: CR to organise meeting between two Chairs and also CEOs of RCGPiS. This has now been arranged for 1 December 2015.

Action: CR to include mentoring as an agenda item for the Strategy day on 3 November.

Action: AMaCK to source the mentoring and mentee list for use at the strategy day.

Action: JMCA to write to Head Office to voice concerns re: the Lync telephony system on behalf of the Scottish Pharmacy Board.

15/74. Draft Business Plan for 2016

AMacK gave a presentation to BMs on the proposals for the 2016 SPB BP. There are a number of challenges and opportunities facing pharmacy including:

- Delivering the ambitions contained within a refreshed Prescription for Excellence Vision and Action Plan
- Maximising pharmacists' delivery of pharmaceutical care with the Chronic Medication Service
- Securing pharmacists' contribution to Health and Social Care Integration
- Pharmacists' positioning with Health and Social Care Hubs / Clusters
- Independent Pharmacist Prescribing ambition and the cultural challenges within the community sector
- £16.2m over three years for pharmacists working with GP surgeries in Scottish NHS
- Developing pharmacists' role in the treatment of common clinical conditions
- Getting pharmacists' contribution to Out of Hours service provision right
- Rolling out of the Scottish Patient Safety Programme into primary care
- The safe use of medicines agenda with all its work-streams
- A common shared vision across all stakeholders for the profession in Scotland
- Workforce planning and the development of competency frameworks to support that
- Exploring and developing professionalism within team structures
- The embedding of research into practice – building the evidence base for pharmacy – demonstrating patient outcomes
- Strategic engagement with stakeholders to positively improve the culture
- A changing Parliament, many established MSP allies are standing down at the 2016 Scottish Parliamentary elections and so new relationships will have to be developed.

Apart from the Scottish agenda, there are GB issues which will require Scottish input, including Decriminalisation, encouraging a culture of error reporting within the profession, the Superintendent 'Responsible Pharmacist' work stream and Supervision, the Falsified Medicines Directive, GPhC and 'Fitness to Practice', the volume supply model and how this will be moved to the clinical model, workforce planning skills mix, five year vs four years plus one education issue, the oversupply of pharmacists although this may change as new roles emerge, the role of the pharmacy technician. Unacceptable global medicines shortages as well as other issues.

The 2016 BP will have a significant workload; it will be crucial to focus in and deliver on priorities that are achievable.

AMacK informed BMs that the Society's priorities are aligned with the CPO's 'Big Five':

- Pharmaceutical Care and Prescription for Excellence – improving the patient's journey.
- Safer use of Medicines – reducing adverse events and improving therapeutic outcomes.
- Evidence Base and Outcomes – innovate, publish, share and learn.

- Pharmacy Profession and Professionalism – workforce, skills' mix, use of technicians etc. – SG, RPS, GPhC working together to articulate professionalism.
- Strategic engagement – whole systems approach to advancing the pharmacy profession for public and patient benefit.

The RPS had an inter Board Strategy day on 15 September from which some of the outputs or 'Big Hairy Goals' included the following (still to be agreed):

- become the Royal College for Pharmacy and Medicines
- promote the Faculty and the Foundation Framework
- help patients and public to understand the Pharmacists' roles
- achieve 70%+ membership by 2020
- be the simple authoritative voice for the pharmacy profession
- ensure that the RPS is recognised as the leader of quality in pharmacy standards

There will be four key areas to the 2016 BP; AMaCK took BMs through the components of each area

- Quality and Safety
- Voice and Recognition
- Patients and the Public
- Members Support and Development

AMaCK reminded BMs of the need to be realistic about what can be delivered; there is a concern around the workload becoming overwhelming. With this in mind BMs were asked to select three priority elements from each of the four key areas and also to add in anything that might have been omitted. These will then be used to form priorities for the 2016 BP.

BMs were advised that the priority for the four UK governments 'is that patients and the public have safe access to clinical pharmacists across all settings' and 'making the sale and supply of medicines safer and more efficient'.

A draft BP will be circulated electronically to BMs within two weeks. (AMaCK's presentation to be included as an addendum to the minutes).

The Scottish Pharmacy Board

supported

the proposals for the development of the SPB 2016 Business Plan.

Action: AMaCK to circulate the priorities chosen by the BMs.

Action: AMaCK to circulate an electronic draft of the SPB BP 2016 electronically by 23 October 2015.

15/75. Business case – PA / PR Intern

The Scottish Pharmacy Board

supported

the business case for PA / PR Intern role to become a permanent post. The job title would be a Digital Communications Assistant.

15/76. Business case – Business Support Assistant

The Scottish Pharmacy Board

supported

The business case for the increased role of Business Support Assistant on a permanent basis.

JC asked that, when submitting bids for the roles of Digital Communications Assistant and also Business Support Assistant, the Assembly should be reminded that when the original bids were submitted, in 2014, that they were for permanent roles rather than fixed term contracts. This was noted and would be included in the proposals.

15/77. Policy and consultations

Aileen Bryson (ABr), Scottish Practice and Policy Lead, provided an update to BMs on recent policies and consultations:

Access to Patient Records Campaign (APR): ABr reported that the APR campaign had been launched that morning (30 September 2015). It is a GB document but has been adapted to include a number of Scottish examples. The document will be summarised for use in Scotland. A Communications plan has yet to be developed.

Public and Patient involvement (PPI): Following on from the recent Strategy Day, PPI is being progressed, taking into account the outcomes from the workshop. Consideration is being given to the involvement of students in this work stream. More detail to follow. PPI will be a priority in the 2016 SPB BP.

There have been a number of consultations, the most significant one being the Health Improvement Scotland (HIS) consultation on quality. This consultation requires a response as the RPSiS is working in partnership with HIS and the Alliance; there is a link between quality, PPI and pharmacovigilance.

Devolution: There are a number of devolution bids throughout the UK, including three areas in Scotland; ABr will explore which Scottish areas have submitted bids. Manchester is bidding for devolution: 'DevoManc'. The EPB is to hold its Autumn meeting in Manchester where a Devolution event is to be held. The package allows a region to have devolved powers over education, finance and potentially health (only Manchester's bid includes health). The successful bids are to be announced before the end of October and are likely to be in the north of the country.

SPB Manifesto.

The SPB Manifesto is still in the draft stage; the concept is that the front page will be designed to resemble a prescription; it asks candidates to pledge that everyone in Scotland has access to pharmaceutical care.

Page 2: sets the scene as to why pharmacists and pharmaceutical care are a crucial component of healthcare; infographics will be used to make the data more engaging.

Page 3: What needs to happen, i.e. the vision for the role of pharmacists supporting patients in the future? The document also offers MSP candidates the opportunity to visit a pharmacy.

Back page: The purpose of this page will be to explain the current role of the pharmacist and the purpose of Society; references. ABr confirmed that the views of Scottish RPS Members on the Manifesto have been sought and consensus achieved at various events and meetings, although hoping to do more.

The intention is to hold a parliamentary event, 'using the prescription as a hook' to encourage candidates and current MSPs to sign up to the Manifesto.

The Manifesto will be circulated virtually to BMs as soon as it has been drafted. Approval will be virtual as the SPB Board meeting in January 2016 will be too late.

Action: ABr / SCN to circulate the SPB draft Manifesto virtually to all BMs for comment as soon as it has been completed. BMs were also asked to share the draft with their networks – wider engagement with Members.

Falsified Medicines Directive (FMD).

Charles Willis (CW), Head of Public Affairs, provided an update on the FMD; this has now been adopted by the UK Government Act. The details within the Directive were published in early summer, 2015 and are consistent with the Society's expectations. These include the two safety measures on each 'pack': a 2D bar code and a safety seal. A number of RPS recommendations have been recognised and adopted, examples being that 'checking in' now takes place at 10 days rather than 72 hours and that medicines no longer have to be 'checked in' by the original pharmacist as this is not always possible where locum pharmacists are employed.

A concern is that the Commission has changed when a pack should be authenticated. Originally, it was proposed that a pack should be authenticated between 'when it enters the pharmacy and when it is handed to the patient; this has now changed to authentication being as close to the patient as possible'.

Another concern is that The Chair of the All Party Pharmacy Group wants to use the Delegated Act to understand where medicines shortages occur and also the practice of exporting medicines.

CW reported that, within the Directive, up to 30% of the Management Board, which will oversee the system, will be from the Government (MHRA and DH); it is hoped that RPS will be a seconded member of that group, acting in an advisory role. CW confirmed that it could take up to 2 ½ years before the Society learns if it is 'to have a place at this table'. Further clarification is required around the role of the Management Board; once confirmed, CW will circulate a paper to the three NPBs explaining the most important issues for pharmacists. DH has now stated that if it is implemented then it will 'have to have all the bells and whistles'. This would include tracking, scanning and increase patient safety; it

cannot increase the workload of the pharmacist and must be of benefit to patients. This is what the RPS has fought for.

There are stipulations around who can see information; manufacturers will not be able to see anything that they didn't create. The Delegated Act stipulates that creators of information own that information and it cannot be viewed by other parties. This has been a concern for the RPS and so this was a major success.

Also, there had been an assumption that the proposed Management Board would examine any kind of exception, possible counterfeit, entering the system; this is now in the MHRA's domain.

The Delegated Act will be adopted within the next month, published in December 2015 and will need to be taken up within three years.

EB asked whether the 10 days is 'now set in stone'; CW confirmed that, as far as the process goes, Parliament can either accept or reject the Delegated Act, but it cannot be amended.

DT asked whether this UK legislation has to come through the Scottish Parliament (SP) to be accepted. CW confirmed that the SP will receive a letter confirming that the legislation has been passed; the SP will then 'rubber-stamp' the letter; no decision to be made.

The MHRA has proposed that a further marker is placed on the pack to show that the pack has already been authenticated. ABr noted that this came from the European model; a different system of working.

EB asked how the public will be made aware that if a prescription is not collected within 10 days that it will no longer be available.

DT asked how payment verification would work and whether the item would be cancelled if taken back into stock; it would add complexity to the process. This will be the first of several steps for consideration.

ACB – apart from MCAs how many prescriptions lie in a pharmacy for more than 10 days before they are picked up; EB confirmed that the number is approximately 20% of prescriptions lie in the pharmacy for more than 10 days. CW confirmed that, once the medicines have been de-authenticated and returned to stock, the prescription has to be re-dispensed; the GP will not have to produce a new prescription. The aim is to dispense medicines in front of the patient.

AMacK asked if the intention is to scan the medicine into the pharmacy and then again when dispensed to the patient. CW confirmed that dispensed medicines are to be authenticated and scanned once on the way out to the patient. There will be a record showing manufacturers the country where the medicines have been distributed to.

Action: BM to read the briefing document which CW will circulate, and then feedback any concerns;

Action: BMs to contribute suggestions to help to form an RPS Member facing document.

Action: CW /ABr to explore with DH and SG what the communication plans are for the public in relation to pick up of prescriptions.

15/78. Professional Development and Support Update

Dr Rachel Joynes (RJ), Head of RPS Research, presented 'highlights' from the Professional Development and Support (PDS) update; this was on behalf of Ruth Wakeman who had been called away to another meeting.

Science and Research: The work that the RPS Science Team has been doing on biosimilars is having a significant impact, with 140 participants at one of two

related webinars. An RPS document has recently been published: *What is a biosimilar medicine?* This document was developed in collaboration with NHS England and other bodies.

RPS consultation statement on homeopathy: The RPS published a consultation statement on Monday 28 September 2015 stating that there is no evidence on the efficacy of homeopathy and that a pharmacist, choosing to sell homeopathic products, should understand and be able to speak about them. Students and Associate Members are also invited to comment on this consultation. EB asked if there are any political reasons why the RPS should not 'just make a decision around homeopathy'. It is important to consult with the Membership first

Research networks: Focus in 2015 has been on evaluating various projects. The *Research Ready* evaluation should be ready in January 2015. *The Map of Evidence* is also being considered, looking at different levels of evidence, e.g. e difference between systematic reviews, clinical trials versus best practice submissions which, currently, the *Map* doesn't consider. A concern has been that Members haven't been able to upload evidence; this is to be addressed in the first quarter of 2016. A series of events on writing research proposals are planned for 2016.

It is hoped to redevelop the Community Pharmacy Network in 2016 to support the roll-out of *Research Ready*.

The Workforce Vision: The Workforce Vision was launched at the RPS Conference in September 2015. The team is in the process of developing a communications plan around the vision and, once finalised, will want to liaise with the team develop up an engagement plan for Scotland.

The RPS Faculty: 89 submissions were received by the deadline of 27 September and a further 22 expected before the end of 2015. There were 12 submissions from Scotland, two of which were from community pharmacists. RJ suggested that the 10 point plan, put in place within the last quarter, has helped with engagement. JC advised the meeting that, at the RPS Conference, the Welsh CPO has endorsed the Faculty and Foundation and stipulated membership of the RPS as a requirement and membership of the Faculty / Foundation as desirable in all managed service job descriptions.

DS noted that, when she started engaging with the health boards in March there had been some reticence around the Faculty, however, there had been a 'sea-change' within the last six months.

AMacK suggested that the Faculty is the Society's 'biggest USP' and that the RPSiS needs to work with the DoPs and the CPO's Leadership Group to promote this happen in Scotland.

JC commented on the Faculty Risk Register which has six domains; JC believes there is a risk which is not noted, that encompasses three out of the six domains; it relates to reputation, expanding the Faculty 'offer' and building for the longer term. The risk is producing a Faculty which fails to focus on what it aims to achieve for its current Members and Fellows or, more widely, for the profession. The Faculty needs to be more than numbers or recruitment. It needs to be more than post-nominals. There needs to be more engagement to continue to progress; the Faculty needs to show that it is more meaningful. The SPB agreed that this feedback should go back to the RPS Faculty Team. ET noted that much of the Faculty is about reflective practice and there is an onus on the member to use this. There is an element of personal responsibility but support is also required.

The RPS Foundation Framework: There has been a lot of activity to achieve Foundation school status. A number of web tool resources have been launched

including a *Peer Assessment* tool. Two new tutor guidance packs for pre-reg and Foundation tutors; these were not included in the original 2015 work plan.

Museum and Library: The relocation of the Museum and Library is now complete and museum tours are about to be resumed.

Mentoring: This is still in development. Originally, there had been two different systems; these have now been combined into one system which should be easier to use. Mentoring resources have been produced. Moving forward the Support Team will consider more specific mentoring.

RPS Professional Standards: AMacK advised BMs that the round of events promoting the MCA Guidance has now been completed; from that AMcG is working on a paper for SG to request a national assessment tool. The BP 2016 will provide opportunities to promote the National Hospital Standards, re-launch the Pharmaceutical Public Health Standards. As the BP is developed priority areas will be identified, using the Standards produced by PDS, to support enablement into practice to change practice.

The Scottish Pharmacy Board

noted

the Professional Development and Support Updates.

Action: RJ to feedback the concern of JC and the whole Scottish Pharmacy Board regarding the long term development of the Faculty for its members.

15/79. Chair and Vice-Chair's Report

The Scottish Pharmacy Board

noted

The Chair and Vice-Chair's Report.

15/80. NES / RPS Educational Report

The Scottish Pharmacy Board

noted

The NES / RPS Educational Report.

15/81. Key messages

- Access to the electronic record; this is to be circulated to the Scottish media.
- 2016 Business Plan: consensus as to priorities (BMs have noted their priorities on the sheets on the wall).
- Potential gap in awareness around *Research Ready*. Signposting around this.
- Following the success of the National Seminar, commit to an event in Spring of 2016 and also another Seminar in 2017. This should not be

communicated until after the Scottish budget has been approved by the Assembly.

- Refresh of *PfE*, SPB continuing commitment to *PfE*.
- FIP Congress – Glasgow 2018; handover in Rio de Janeiro in 2017.

15/82. Any other business

AMacK advised BMs that Claire would be leaving the Society. The Scottish Pharmacy Board thanked Claire for her valued contribution in the eight months that she had been at the Society.

15/83. Dates of next meetings

- Strategy Day – Tuesday, 3 November 2015
- SPB Board Day – Wednesday, 20 January 2016 (including annual Burns' Supper in the evening of 20 January 2016)
- SPB Board Day – Wednesday, 29 April 2016
- SPB Induction Day – Tuesday, 15 June 2015
- SPB Board Day – Wednesday, 16 June 2016